

About this Poster...

THE POSTER

This poster shows how Utah’s commercial Health Maintenance Organizations (HMOs) performed in 2001. In spring 2002, Utah Department of Health and Utah HMOs conducted HMO enrollee satisfaction survey to find out how HMO enrollees think about the services they received during 2001 from HMOs. About 3,000 parents/guardians of child enrollees were surveyed.

Other information in this poster comes from HEDIS. Utah HMOs report a series of performance measures called HEDIS (Health plan Employer Data and Information Set) to the Utah Department of Health every year. HMOs use HEDIS as a performance quality-measuring tool. This poster presents the results of a few chosen measures from the 2002 HEDIS.

UT Dept. of Health
address here

Recipient's address label here

WHY IS IT IMPORTANT?

Consumers have the right to receive high quality care from their HMO and their doctor. It is important for you, as a consumer to learn how well Utah commercial HMOs performed in providing quality care to Utahns. This poster will help you make an informed choice when selecting your own HMO; choose the health plan that best meets your needs.

Stamp
Here

The Performance Quality
of Utah's Health Plans,
2002



About HMOs

Facts about Utah HMOs

WHAT ARE HMOs AND HOW THEY WORK

HMOs offer their members comprehensive health insurance through a network of chosen hospitals and doctors in exchange for a prepaid premium. HMOs contract with certain doctors, hospitals, and other health care providers who work together to provide care to their members.

Traditional Fee-For-Service insurance allows consumers to get care from any doctor or hospital but at higher out-of-pocket costs; HMO enrollees obtain care from doctors and hospitals that are part of the HMOs provider network at lower out-of-pocket costs than Fee-For-Service.

Enrollees of an HMO need to choose a Primary Care Physician (PCP) from the network, who takes care of most of the patient’s medical needs. To go to a specialist, enrollees usually need a referral from their PCP.

THREE THINGS TO THINK ABOUT
WHEN CHOOSING AN HMO:

- 1. Which HMOs provide service in your area? Not all HMOs are offered in all counties in Utah. Use the phone numbers in this poster for information on HMOs that are in your county.
- 2. Are your doctors and other health care providers available in the HMO? If you want to see certain doctors and other providers, you should find out if they participate in the HMO.
- 3. Which performance areas are important to you? Use the information provided in this poster to see how well the HMOs of your interest performed in this poster compared to other health plans.

	Plan A	Plan B	Plan C	Plan D	Plan E
Counties served by HMO	Box Elder Cache Carbon Davis Juab Morgan Salt Lake San Juan Sanpete Summit Tooele Uintah Utah Wasatch	Box Elder Davis Emery Juab Millard Morgan Salt Lake Sanpete Sevier Summit Tooele Utah Wasatch Weber	Box Elder Cache Carbon Davis Juab Morgan Salt Lake San Juan Sanpete Summit Tooele Uintah Utah Wasatch Washington Weber	Davis Salt Lake Summit Tooele Utah Wasatch	Beaver Box Elder Cache Carbon Davis Juab Morgan Salt Lake Sanpete Summit
Monthly enrollment as of January 2002	130,021	34,386	496,000	26,517	85,497
Primary Care Providers - % board certified	88.4%	86.5%	86.2%	46.6%	91.5%
Obstetricians/ Gynecologists - % board certified	89.0%	82.6%	86.9%	40.6%	81.0%
Pediatricians - % board certified	71.8%	74.5%	89.9%	50.0%	77.8%

HMOs Included in This Poster	Phone Number
Altius Health Plans	1-801-323-6200
Cigna Health Care of Utah	1-800-245-2471
Healthwise (Regence Blue Cross Blue Shield of Utah)	1-800-624-6519
IHC Health Plans	1-800-538-5038
United Health Care of Utah	1-800-824-9313

Choose the health plan that is right for you

Key

★★★

★★

★

Higher

Average

Lower

HMO score is statistically above the average for Utah HMOs.

HMO score is neither higher nor lower than the Utah HMO average.

HMO score is below the average for Utah HMOs.

Performance Quality Indicators		Utah HMOs				
		Altius	Cigna	Regence HealthWise	IHC	United-Healthcare of Utah
HMO Customer Survey Results – Parents of Children are surveyed –	Rating of Health Plan (Persons who rated their HMO as 8, 9, or 10 on a 0 to 10 point scale)	★★	★	★★	★★★	★
	Rating of Health Care (Persons who rated their health care as 8, 9, or 10 on a 0 to 10 point scale)	★★	★	★★★★	★★★★	★
	Rating of Personal Physician (Persons who rated their personal doctor as 8, 9, or 10 on a 0 to 10 point scale)	★	★	★★★★	★★★★	★★
	Rating of Specialist (Persons who rated their specialist as 8, 9, or 10 on a 0 to 10 point scale)	★★	★★	★★	★★	★★
	Getting Care Quickly (Persons who said they ‘Always’ or ‘Usually’ got timely care)	★★	★★	★★	★★	★★
	How Well Doctors Communicate (Persons who said they ‘Always’/‘Usually’ had good communication with their provider)	★★	★★	★★	★★	★★
	Courteous/Helpful Office Staff (Persons who said medical office staff was ‘Always’/‘Usually’ helpful and courteous)	★★	★★	★★	★★	★★
	Claims Processing (Persons who said they ‘Always’/‘Usually’ had their claims processed properly)	★★	★	★★	★★★★	★
	Getting Needed Care (Persons who said getting necessary care was ‘Not a Problem’)	★★	★	★★★★	★★★★	★★★★
	Customer Service (Persons who said getting customer service was ‘Not a Problem’)	★★	★★	★★	★★★★	★
Information reported from HMO	Immunization by 2 (Children who had 4 DTaP/DT, 4 IPV/OPV, 1 MMR, 3 Hib & 3 Hepatitis B vaccinations)*	★★★	★★	★	★★★★	★★★★
	Children’s Access to Primary Care Providers, 12-24 months (Children who had a visit with a PCP)*	★★★	★	★★	★★	★★
	Children’s Access to Primary Care Providers, 25 months - 6 years (Children who had a visit with a PCP)*	★★★	★	★	★★	★★★★
	Children’s Access to Primary Care Providers, 7 - 11 years (Children who had a visit with a PCP)*	★★★	★	★	★	★★★★
	Well-Child Visits in the First 15 months of Life (Infants who had 6 or more well-child visits)*	★★★	★	★	★★★★	★★
	Well-Child Visits for 3-6 Year Olds (Children who had at least one well-child checkup in 2001)	★★★	★	★	★	★
	Adolescent Well-Care Visit (Adolescents aged 12-21 years who had at least one comprehensive well-care visit in 2001)*	★★★	★	★	★★★★	★
	Adult’s Access to Preventive Care (20-44) (Adults aged 20-44 years who had an ambulatory/preventive care visit)	★	★★★★	★	★★	★★
	Adult’s Access to Preventive Care (45-64) (Adults aged 45-64 years who had an ambulatory/preventive care visit)	★★★	★★	★	★★★★	★★
	Adult’s Access to Preventive Care (65+) (Adults aged 65 years or older who had an ambulatory/preventive care visit)	★★★	★★★★	★	★★★★	★
	Diabetic Care: Blood Sugar Test (Diabetics aged 18-75 years who had hemoglobin Alc tested)*	★★★	★★	★	★★★★	★
	Diabetic Care: Eye Exam (Diabetics aged 18-75 years who had eye exam performed)*	★★★	★	★	★★★★	★★
	Diabetic Care: LDL-C Screening (Diabetics aged 18-75 years who had cholesterol level screened)*	★★★	★	★	★★★★	★
	Diabetic Care: Monitoring for Kidney Disease (Diabetics aged 18-75 years who had nephropathy monitored)*	★★★	★	★	★★★★	★★
	Timeliness of Prenatal Care (Pregnant women who had a prenatal care visit in the first trimester)*	★★★	★★★★	★	★★★★	★
	Postpartum Care (New mothers who received a checkup between 21 and 56 days after delivery)*	★★★	★★★★	★	★★★★	★
	Cesarean Section (Births delivered by C-section, a procedure for surgical delivery) (Lower rate is better. ★★★ means lower rate)*	★	★★★★	★★★★	★★	★
	Vaginal Delivery After Cesarean Section (Vaginal births after previously having a C-section)*	★★	★	★★★★	★★★★	★★★★
	Breast Cancer Screening (women aged 50-69 years who had a mammogram in the past 2 years)*	★★	★★★★	★	★★★★	★
	Cervical Cancer Screening (women aged 18-64 years who had a Pap test during 1999-2001)*	★	★★	★	★★★★	★★